



DEFENSE LOGISTICS AGENCY

DEFENSE REUTILIZATION AND MARKETING OFFICE - HAWAII

P.O. BOX 75298

KAPOLEI, HI 96707-0298

IN REPLY
REFER TO

DRMO-ACAP

August 22, 2001

MEMORANDUM FOR MS. L. SEKIYA

SUBJECT: Letter of Requirement

It appears that your use of leave is excessive and may possibly be abuse. Your current leave balance is 9 hours of annual leave (AL) and zero hours of sick leave (SL). You have used 56 hours of SL and 145.25 hours of AL since the beginning of the leave year through August 11, 2001. You were also absent due a recurring medical problem for the week of August 13-17, 2001. This will exhaust your remaining AL and result in leave without pay (LWOP) for the remaining hours. Your excessive leave usage and unscheduled annual leave affects the Property Management Branch because it requires me to shift resources from one area of operation to another. I am issuing you a Letter of Requirement to monitor your leave usage and work performance.

Although I have approved your unscheduled annual leave in the past, I am now putting you on a Letter of Requirement, with directions for requesting leave:

- Effective immediately, you will be required to submit an acceptable medical certificate stating the nature and approximate duration of the illness for each sick leave absence. A medical certificate is a written statement signed by a registered practicing physician certifying to an incapacity, examination, and/or treatment, or to the period of disability while you were receiving professional treatment. The certificate should state "The employee named was under my professional care for the period (dates)."
- The medical statement should provide sufficient information concerning the extent of the illness from a medical standpoint as to demonstrate your incapacitation and your inability to report to work. This certificate will be given to me upon your return to duty when a medical certificate is submitted in support of your absence. It must indicate the period of illness or incapacitation from the first day of absence through the last day of absence.
- Requests for routine medical appointments must be made in advance of your absence and will also require medical certification. Certificates signed by someone other than a physician is not acceptable.
- Annual Leave/Leave Without Pay (LWOP): Annual Leave or LWOP must be requested, in writing, in advance of the absence.
- Absences must be reported directly to me only, within the first hour of the start of your duty. If I am absent, you will notify the Deputy, telephone

EXHIBIT**M**

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number 684-6170, or the DRMO Chief, telephone number 684-5870. All tardiness will be charged to Absence Without Leave (AWOL), unless emergency leave is approved.

- Communication will be effected by you personally; not by a family member; not by another employee; not by recording.
- Failure to provide me with information requested in the appropriate manner described above will result in you being placed in AWOL status and could result in appropriate disciplinary action.
- You may request representation at any scheduled meeting to discuss your suspected leave abuse.
- A notation of this action will be posted as an attachment to your SF 7-B card. At the end of three months from the date of issue, your leave record, and the elements of this letter will be reviewed by me. I will advise you if the requirements of this letter are to be continued or canceled.



GODFREY Y.S. CHING

Chief, Property Management Branch

Acknowledged: _____

Date: _____

8-22-01